Ell Lilly

RECEIVED CENTRAL FAX GENTER.m.

07-14-2008

JUL 14 ZUU8

Lilly

Fax

Eli Lilly and Company Lilly Corporate Center Indianapolis, Indiana 46285

Lilly Law Division

To: Commissioner for Patents

Company: USPTO Fax: (571) 273-8300

Phone:

Date: July 14, 2008

Subject: X-14978M

From: Danica Hostettler Fax: (317) 276-3861 Phone: (317) 276-3711

Total Pages: 4

If there are any transmittal problems please call the sender.

This facsimile message is intended only for the individual to whom it is addressed and may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you have received this facsimile in error, please notify us immediately by telephone (collect), and return the original message to us at the above address via U.S. Postal Service.

**Answers That Matter.** 

#### JUL 1 4 2008

| CERTIFICATION C   | OF FACSIMILE TRANSMISSION   |
|---|---|
| I hereby certify that this paper is being facsimile trans | emitted to the Patent and Trademark Office on the date shown below. |
| Type or print name  | ne of person signing certification                                  |
| Signature   | Date  |

#### PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Applicant:

MOHER Eric David

Group Art Unit:

Serial No.:

10/516,559

Examiner:

Application Date: June 6, 2003

Conf No.: 7051

US Nat'l Entry

Date (if applicable): November 30, 2004

For:

PRODRUGS OF EXCITATORY AMINO ACIDS

Docket No.:

X14978M

#### REQUEST FOR RE-CONSIDERATION OF PATENT TERM ADJUSTMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR § 1.705(d) which states that if the patent indicates a revised patent term adjustment, any requests for reconsideration of the patent term adjustment indicated in the patent must be filed within two (2) months of the date the patent issued and must comply with the requirements of paragraphs (b)(1) and (b)(2) of this section.

Pursuant to the requirements of 37 CFR § 1.705(b)(1), Applicants hereby authorize the fee set forth in §1.18(e). Furthermore, pursuant to the requirements of 37 CFR §1.705(b)(2)(iv)(B), Applicants specify that there were no circumstances constituting a failure to engage in reasonable efforts to conclude processing or examination of such application as set forth in §1.704. Applicants further specify that 37 CFR 1.705(b)(2)(i), (ii), (iii) and (iv)A do not apply for this matter.

10516559

276 0894

Ell Lilly

06:51:54 p.m. 07-

3 /4

Serial No.: 10/516559

Applicants respectfully request reconsideration of patent term adjustment and reinstatement of all the reduced term.

Respectfully submitted,

Arleen Palmberg

Attorney for Applicants Registration No. 40,422 Phone: 317-276-6015

Eli Lilly and Company Patent Division/AP P.O. Box 6288 Indianapolis, Indiana 46206-6288

July 14, 2008

276 0894

### JUL 14 ZUUB

| Please type a plus sign (+) inside this box            | x →              | +                     |                      |                 |                                       |              |             |
|--|------------------|-----------------------|----------------------|-----------------|---------------------------------------|--------------|-------------|
|  |                  |                       |                      | Comp1           | ete if Known                          |              |             |
|  | Serial No.       |                       |                      | 10/516,559      |                                       |              |             |
| FEE TRANSMITTAL  | Application Date |                       |                      | June 6, 2003    |                                       |              |             |
|  |                  | US Nat'l Entry Date   |                      |                 | November 3                            | 0, 2004      |             |
| 1  |                  | (if app               | licable)             |                 |                                       |              |             |
|  |                  |                       | First Named Inventor |                 |                                       | David        |             |
| Effective December 8, 2004                             |                  | Group A               | rt Unit              |                 |                                       |              |             |
|  |                  | Examine               | : Name               |                 |                                       |              |             |
| TOTAL AMOUNT OF PAYMENT (\$200.00)                     |                  | Conf. N               |                      |                 | 7051                                  |              |             |
| TOTAL AMOUNT OF PAYMENT (\$200.00)                     |                  | Attorney              | y Docket 1           | gnaper          | X14978M                               |              |             |
| METHOD OF PAYMENT (check one)                          |                  | <del> </del>          |                      |                 |                                       |              |             |
| TELEGRAPH (CHECK ONE)                                  | <del></del>      | 2 377                 |                      |                 | ATION (cont                           | inued)       |             |
| 1. The Commissioner is hereby authorized to            | charge           | 3. ADI                | Large                | FEEO            |                                       |              |             |
| indicated fees and credit any overpaymen               | ts to:           | Entity                | Entity               | Fe              | ee Description                        | n            | Pee Paid    |
|  |                  | Pee                   | Fee (\$)             |                 |                                       |              | 100 1414    |
| Deposit O.S. O.O.A.O.                                  |                  | Code                  |                      | •               |                                       |              |             |
| Account U5-U84U  |                  | 1051                  | 130                  | Surcharge-186   | e filing fee or                       | ceth         | i           |
| Number Deposit 77.4 7.4 7.4 7.4 7.4 7.4 7.4 7.4 7.4 7. |                  | 1052                  | 50                   | Curebares - Lab |                                       |              |             |
| Account Name Eli Lilly and Compa                       | ny               | 1032                  | 50                   | or cover shee   | e provisional (<br>t.                 | iling ree    | Ì           |
| V Charge Any Charge the Issue                          | Pee Set in       | 1053                  | 130                  | Non-English s   | mecification                          |              |             |
| Additional Fee 17 CFR 1.18 at the Required allowance   | ne time of       |                       |                      |                 |                                       |              |             |
| FEE CALCULATION  |                  | 1251                  | 120                  | Extension for   | reply within (                        | irst month   | <del></del> |
|  |                  | 1252                  | 450                  |                 | reply within a                        |              |             |
| 1. In connection with the filing                       | _                |                       |                      |                 |                                       |              |             |
| In connection with the filing, and exam fees           | search           | 1253                  | 1,020                | Extension for   | reply within t                        | hird month   |             |
|  | Pee Paid         |                       |                      |                 |                                       |              |             |
|  | ree Paid         | 1254                  | 1,590                | Extension for   | reply within f                        | ourth month  | 1           |
| 1011 Basic filing fee \$300.00 (Utility)               |                  | 1255                  | 2,160                | Extension for   | reply within f                        | ifth month   |             |
| 1111 Utility search fee \$500.00                       |                  | 1401                  | 500                  | Notice of App   | eal                                   |              | <del></del> |
| 1311 Utility examination 5200.00                       |                  |                       |                      |                 |                                       | :            |             |
| fee  |                  | 1402                  | 500                  | riling a brie   | f in support of                       | an appeal    |             |
| SUBTOTAL (1) (\$)                                      |                  | 1452                  | 500                  | Petition to r   | evive-unavoldab                       | 1e           |             |
|  |                  | 1453                  | 1,500                | Petition to r   | evive-unintenti                       | onal         |             |
|  |                  | 1502                  | 1,400                | Utility ineue   | fee (or reissu                        | ٠.           |             |
|  |                  |                       | -                    |                 |                                       |              |             |
|  | i                | 122                   | 130                  | Petitions to    | the Commissione                       | r            |             |
| Code Total claims Extra                                | Fee Paid<br>(\$) | 1801                  | 790                  | Request for C   | ontinued Examin                       | ation (RCE)  |             |
| 1202 20 = X 50 =                                       | Š                | Oth                   | er fee (sp           | ecify)          | 37 CPR § 1.18                         | (e) for      | 200.00      |
|  | · 1              | filing an application |                      |                 |                                       | plication    |             |
|  | ĺ                |                       |                      |                 | for patent t<br>adjustment u          |              |             |
|  | 1                |                       |                      |                 |                                       |              |             |
| Independent  |                  | Oth                   | er fee (spe          | ecify)          |                                       |              |             |
| claims   | ļ                |                       |                      | ,               |                                       |              |             |
|  | Ī                |                       |                      |                 |                                       |              |             |
| 1201 3 = x 200 =                                       | \$               |                       |                      |                 |                                       |              |             |
|  |                  |                       |                      |                 |                                       |              |             |
| Multiple Yes   |                  | Oth                   | er fee (spe          | cify)           | · · · · · · · · · · · · · · · · · · · |              |             |
| 1203 Dependent or 360 =                                | \$               |                       |                      |                 |                                       |              |             |
| Claim No (if yes)                                      | !                |                       |                      |                 |                                       |              |             |
|  |                  |                       |                      |                 |                                       |              |             |
| Claims and Excess Length Fees                          | j                | Otn                   | er fee (spe          | ecify)          |                                       |              |             |
| 1081 Total length (spec + drawings)                    | - 1              |                       |                      |                 |                                       | 1            |             |
| 100 = excess pages                                     | İ                |                       |                      |                 |                                       | 1            |             |
| \$   | - 1              |                       |                      |                 |                                       | . 1          |             |
| No extra charge for first 100 pages. Must p            |                  |                       | •                    |                 |                                       | Ī            |             |
| \$250 for each adt1 50 pages (or fraction the          | ereof).          |                       |                      |                 |                                       | . 1          |             |
|  |                  |                       |                      |                 |                                       |              | ı           |
| SUBTOTAL (2) (5)                                       |                  | •                     |                      |                 | SUBTOTAL                              | (3)          | (\$200.00)  |
| SUBMITTED BY   |                  |                       |                      |                 | 0-1                                   |              |             |
|  |                  |                       |                      |                 | Complete (if                          | applicable   | ,           |
| Typed or Arleen Palmberg                               |                  |                       |                      |                 | Reg. Number                           | 40,422       |             |
| Printed Name Signature                                 |                  |                       |                      |                 |                                       |              | <u>·</u>    |
| arlee Palmher  | ,                |                       |                      | 1               | Date July                             | 14, 2008     |             |
| wun rammer   | X                |                       |                      | 1               | 1                                     |              | -           |
|  |                  |                       |                      |                 |                                       | <del> </del> |             |

#### REGEIVED CENTRAL FAX CENTER

276 0894

Eli Lilly

JUL 14 2008

06:55:06 p.m. 07-14-2008

1 /4

Fax

Lilly

Eli Lilly and Company Lilly Corporate Center Indianapolis, Indiana 46285 U.S.A.

Lilly Law Division

To: Commissioner for Patents

Company: USPTO Fax: (571) 273-8300

Phone:

Date: July 14, 2008

Subject: X-14978M

From: Danica Hostettler Fax: (317) 276-3861 Phone: (317) 276-3711

Total Pages: 4

If there are any transmittal problems please call the sender.

This facsimile message is intended only for the individual to whom it is addressed and may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you have received this facsimile in error, please notify us immediately by telephone (collect), and return the original message to us at the above address via U.S. Postal Service.

Answers That Matter.

2/4

## CERTIFICATION OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below. Signature

### AND TRADEMARK OFFICE

First Applicant:

MOHER Eric David

Group Art Unit:

Serial No.:

10/516,559

Examiner:

Application Date: June 6, 2003

Conf No.: 7051

US Nat'l Entry

Date (if applicable): November 30, 2004

For:

PRODRUGS OF EXCITATORY AMINO ACIDS

Docket No.:

X14978M

#### REQUEST FOR RE-CONSIDERATION OF PATENT TERM ADJUSTMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR § 1.705(d) which states that if the patent indicates a revised patent term adjustment, any requests for reconsideration of the patent term adjustment indicated in the patent must be filed within two (2) months of the date the patent issued and must comply with the requirements of paragraphs (b)(1) and (b)(2) of this section.

Pursuant to the requirements of 37 CFR § 1.705(b)(1), Applicants hereby authorize the fee set forth in §1.18(e). Furthermore, pursuant to the requirements of 37 CFR §1.705(b)(2)(iv)(B), Applicants specify that there were no circumstances constituting a failure to engage in reasonable efforts to conclude processing or examination of such application as set forth in §1.704. Applicants further specify that 37 CFR 1.705(b)(2)(i), (ii), (iii) and (iv)A do not apply for this matter.

276 0894

Eli Lilly

RECEIVED
CENTRAL FAX CENTER

n. 07-14-2008

3 /4

Serial No.: 10/516559

JUL 1 4 2008

Applicants respectfully request reconsideration of patent term adjustment and reinstatement of all the reduced term.

Respectfully submitted,

Arleen Palmberg

Attorney for Applicants Registration No. 40,422

Phone: 317-276-6015

Eli Lilly and Company Patent Division/AP P.O. Box 6288 Indianapolis, Indiana 46206-6288

July 14, 2008

07-14-2008

276 0894

# RECEIVED CENTRAL FAX CENTER:36 p.m.

JUL 1 4 2008

| Please type a plus sign (+)        | inside this box →                    | <u>+ ] </u>          |                 |                                |  |                                       |  |  |
|------------------------------------|--------------------------------------|----------------------|-----------------|--------------------------------|--|---------------------------------------|--|--|
|                                    |                                      | Complete if Known    |                 |                                |  |                                       |  |  |
| FEE TRANSM                         | Serial No.<br>Application Date       |                      |                 | 10/516,559                     |  |                                       |  |  |
| LEE TRANSE                         | US Nat'l Entry Date                  |                      |                 | June 6, 2003                   |  |                                       |  |  |
|                                    |                                      | (if app              | _               | T.                             | November 30, 2004                        |                                       |  |  |
| Effective December 8, 2004         |                                      | First Named Inventor |                 |                                | MOHER Eric David                         | ·                                     |  |  |
|                                    |                                      | Group A              |                 |                                |  |                                       |  |  |
|                                    |                                      | Conf. No             |                 |                                | 7054                                     |                                       |  |  |
| TOTAL AMOUNT OF PAYMENT            | (\$200.00)                           |                      | Docket 1        | Bumber                         | 7051<br>X14978M                          |                                       |  |  |
|                                    |                                      |                      |                 |                                |  |                                       |  |  |
| METHOD OF PAYMENT                  | (check one)                          |                      |                 |                                | ATION (continued)                        |                                       |  |  |
| 1. The Commissioner is be          | ereby authorized to charge           |                      | ITIONAL         | PEES                           |  |                                       |  |  |
| X indicated fees and cre           | dit any overpayments to:             | Large<br>Entity      | Large<br>Entity | P                              | ee Description                           | Fee Paid                              |  |  |
|                                    |                                      | Pee<br>Code          | Fee (\$)        |                                | -  | •                                     |  |  |
| Account 05-0840                    |                                      | 1051                 | 130             | Surcharge-lat                  | e filing fee or oath                     |                                       |  |  |
| Number                             |                                      | ĺ                    |                 |                                |  | i                                     |  |  |
|                                    | and Company                          | 1052                 | 50              | Surcharge-las<br>or cover shee | e provisional filing fee                 |                                       |  |  |
| X Charge Any                       | Charge the Issue Pee Sat in          | 1053                 | 130             | Non-English a                  |  |                                       |  |  |
| Additional Fee                     | 37 CFR 1.18 at the time of allowance |                      | 230             | MANAGEMENT S                   | peciticacion                             | 1                                     |  |  |
| PEE CALCULA                        |                                      | 1251                 | 120             | Extension for                  | reply within first month                 | -                                     |  |  |
|                                    |                                      | 1252                 | 450             |                                | reply within second month                |                                       |  |  |
| 1. In connection with              | the filing, search                   | 1253                 | 1,020           | Extension for                  | reply within third month                 | ļ                                     |  |  |
| and exam fees                      |                                      |                      |                 |                                | ·  | ł                                     |  |  |
| Code Description                   | Pee Fee Paid                         | 1254                 | 1,590           | Extension for                  | reply within fourth month                |                                       |  |  |
| 1011 Basic filing fee<br>(Utility) | \$300.00                             | 1255                 | 2,160           | Extension for                  | reply within fifth month                 | · · · · · · · · · · · · · · · · · · · |  |  |
| 1111 Utility search fee            | \$500.00                             | 1401                 | 500             | Notice of App                  | eal .                                    |                                       |  |  |
| 1311 Utility examination           | \$200.00                             | 1402                 | 500             | Pilino a brie                  | f in support of an appeal                | <u> </u>                              |  |  |
| fee<br>SUBTOTAL (1) {              | \$}                                  | 1452                 | 500             |                                | evive-unavoidable                        |                                       |  |  |
| , , ,                              | *,                                   | 1                    |                 |                                |  |                                       |  |  |
| <u> </u>                           |                                      | 1453                 | 1,500           | Petition to r                  | evive-unintentional                      |                                       |  |  |
|                                    |                                      | 1502                 | 1,400           | Utility issue                  | fee (or reissue)                         |                                       |  |  |
|                                    | ĺ                                    | 122                  | 130             | Petitions to                   | the Commissioner                         |                                       |  |  |
| Code Total claims                  | Extra Fee Paid                       | 1801                 | 790             | Request for C                  | ontinued Examination (RCE)               |                                       |  |  |
| 1202 20 =                          | X 50 = \$                            | Oth                  | er fee (sp      | ecify)                         | 37 CFR §1.18(e)for                       | 200.00                                |  |  |
|                                    |                                      |                      |                 |                                | filing an application<br>for patent term |                                       |  |  |
|                                    |                                      |                      |                 |                                | Adjustment under §1.705                  |                                       |  |  |
|                                    |                                      |                      | _               |                                |  |                                       |  |  |
| Independent                        |                                      | Oth                  | er fee (sp      | ecify)                         |  |                                       |  |  |
| claims                             |                                      |                      |                 |                                |  |                                       |  |  |
| 1201 3 =                           | _ X 200 = \$                         |                      |                 |                                |  |                                       |  |  |
|                                    |                                      |                      |                 |                                |  |                                       |  |  |
| Multiple Yes<br>1203 Dependent or  |                                      | Oth                  | er fee (spe     | ecify)                         |  |                                       |  |  |
| 1203 Dependent or Claim No         | 360 = \$ (if yes)                    |                      |                 |                                |  |                                       |  |  |
| CIUIM NO                           | (II yes)                             |                      |                 |                                | •  |                                       |  |  |
| Claims and Excess L                | ength Fees                           | Othe                 | er fee (spe     | ecify)                         |  | <del></del>                           |  |  |
| 1081 Total length (spec            | + drawings)                          |                      |                 |                                |  |                                       |  |  |
| 100 = excess pa                    | ages                                 |                      |                 |                                |  |                                       |  |  |
|                                    | \$                                   |                      |                 |                                |  |                                       |  |  |
| No extra charge for first 100      | pages. Must pay                      |                      |                 |                                |  |                                       |  |  |
| \$250 for each adt1 50 pages (o    | or fraction thereof).                |                      |                 |                                |  |                                       |  |  |
| SUBTOTAL                           | C (2) (S)                            |                      |                 |                                |  |                                       |  |  |
|                                    | - (-) (3)                            |                      |                 |                                | SUBTOTAL (3)                             | (\$200.00)                            |  |  |
| SUBMITTED BY                       |                                      |                      |                 |                                | Complete (if applicable                  | <del>}</del>                          |  |  |
| Typed or Arleen Palmberg           |                                      |                      |                 |                                | Reg. Number   40,422                     |                                       |  |  |
| Printed Name Signature             |                                      |                      |                 |                                |  |                                       |  |  |
| Signature arles Pa                 | · lacker.                            |                      |                 | Ţ                              | Date July 14, 2008                       |                                       |  |  |
| with the                           | univery                              |                      |                 |                                |  |                                       |  |  |
|                                    | <i>u</i>                             |                      |                 |                                |  |                                       |  |  |